Mary Suther Chairman of the Board Val J. Halamandaris

President

NATIONAL ASSOCIATION FOR HOME CARE

228 Seventh Street, SE, Washington, DC 20003 • 202/547-7424 • 202/547-3540 fax October 30, 2000

Honorable Frank E. Moss Senior Counsel

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OCT 31 2000

Ms. Magalie Roman Salas Secretary Federal Communications Commission 445 12th Street, S.W. Washington, D.C. 20554

RE: Ultra-Wideband (ET Docket 98-153),

Dear Ms. Salas:

We are writing on behalf of the National Association for Home Care (NAHC) regarding the Federal Communications Commission's (FCC) Notice of Proposed Rulemaking concerning Ultra-wideband (UWB) radio transmission. NAHC is the largest home health trade association representing nearly 6000 organizations. Among our members are Medicare-participating home health providers, including non-profit providers like the visiting nursing associations, for-profit home health chains, hospital-based providers and freestanding providers. We also represent home care aide and hospice organizations.

The home care industry has recently moved from cost-based reimbursement to a prospective payment system (PPS). Under PPS, payment is equal to an amount based on the average base payment and adjusted to take into account patient characteristics and labor market differences. The goal of the PPS for home health is to encourage efficient provisions of services without compromising quality. Telehealth-related technologies and applications within the home health setting can help to establish efficiencies as well as assist in creating new ways of increasing access to medical services in remote and/or underserved areas.

As we migrate various applications to an Internet/Intranet environment, we are aware of the tremendous potential for high-bandwidth wireless technologies which offer the growing telehealth field the capability of transferring very large data files between users across short distances. Ultra-wideband offers low-cost, high-speed wireless connectivity for LANs in the critical first or last feet within our facilities. UWB would enable the home care industry to avoid costly and disruptive interior wiring projects and allow our clinicians to use a variety of monitors, PDAs, laptops and other devices in a highly mobile environment.



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Increasingly, we are looking for ways to communicate electronic patient medical records -- including high resolution images -- among wireless LAN users within and/or among our facilities and partners to facilitate medical specialty consults, second opinions, the transmission of critical data to and from emergency units, and to provide decision support at the point of care where it is especially vital.

UWB will greatly enhance our ability to use "e-Health" applications, helping to improve both clinical performance and administrative efficiency -- both of which, as you know, are high priorities of state and federal health agencies. We believe that through improved charting and by bringing knowledge sources and medical databases via Internet connectivity through wireless LANs to the patient's home, we should be able to increase efficiencies and enhance access to Medicare home health care. In addition, secure, wireless connectivity to our LAN will also help us ensure safe, reliable, and accurate transmission of patient care records and other sensitive data required by the administrative simplification provisions of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

These high-speed wireless networks will be six to ten times faster than current wireless networking products, easy to install, and will be able to carry a broad variety of signals simultaneously, including data, video, and voice. At the same time, these products will be low cost and affordable. The affordability factor of the UWB for the home health care setting is of paramount importance, since Medicare home health spending was reduced by 48% between federal fiscal years 1997 and 1999 (HCFA, 1999).

UWB networks can play a critical role in bringing "telehealth" and other "e-Health" applications to the home care setting and thereby increase efficiencies and close the digital divide -- a major goal of both the Administration and the Federal Communications Commission. By providing inexpensive, high quality connectivity, UWB can open the door for thousands of home health agencies and their patients and doctors who would be unable to connect via traditional wired networks.

We hope that the FCC will favorably view the possibilities of UWB within the home health care setting in its rule-making activities. Thank you for consideration of our comments.

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Val J. Halamandaris

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